What is the BEST morphological description for the lesions in this photo (lesions measure less than 0.5cm)?

- a. Macules
- b. Nodules
- c. Papules
- d. Plaques
- e. Pustules

**ANSWER:** C
Which of the following is the best morphologic description for this primary skin lesion?  (lesion measures less than 0.5cm)

a. Bulla  
b. Plaque  
c. Papule  
d. Ulcer  
**e. Vesicle**  

ANSWER: E
**BASIC SCIENCE**

Which of the following cells is responsible for the immediate type hypersensitivity reaction in urticaria?

a. Fibroblasts  
b. Keratinocytes  
c. Langerhans cells  
d. **Mast cells**  
e. Melanocytes

**ANSWER:** D

**SKIN EXAM**

Which of the following is an indication for a total body skin exam?

a. **Established patient with a history of basal cell carcinoma**  
b. Established patient with a paternal aunt with a history of melanoma  
c. New patient with three milia on her face she would like removed  
d. New patient with a mole on her chin that she's had since childhood without change  
e. New patient with a wart on his right index finger

**ANSWER:** A
DERMATOLOGIC THERAPIES

Your patient is a 30-year-old woman with a new diagnosis of scabies, confirmed by a skin scraping which revealed the presence of mites and mite eggs. You prescribe 5% permethrin cream to be applied overnight to the entire body and instruct the patient to apply the permethrin twice (2 doses, separated by one week). How much cream should you dispense to the patient? You are prescribing the medication for only your patient and not for any family members or affected contacts.

- a. 15 grams
- b. 30 grams
- c. 60 grams
- d. 120 grams

ANSWER: C

Which of the following topical steroids is most appropriate to use on the patient in this photo?

- a. Clobetasol
- b. Desonide
- c. Fluocinonide
- d. Triamcinolone

ANSWER: B
**DERMATOLOGIC THERAPIES (cont’d)**

You have been seeing a 22-year-old African American woman for 6 months for acne. She is using topical retinoids and benzoyl peroxide with partial improvement of her comedones, but she continues to have pustules and inflammatory papules. She is taking combination oral contraceptive pills. You decide to start her on minocycline 100 mg twice daily. Which of the following side effects do you most need to warn her about?

a. Blue-grey pigmentation in acne scars  
b. Decreased efficacy of birth control pills  
c. Hypertriglyceridemia  
d. Increased creatine kinase  
e. Suicidal ideation

**ANSWER:** A

**ACNE**

A 16-year-old boy (see photo) presents to your office with his mother. His mother is concerned about his potential for scarring. You counsel her that he has:

a. Comedonal acne and low risk of scarring  
b. Comedonal acne and significant risk of scarring  
c. Inflammatory acne and low risk of scarring  
d. Nodulocystic acne and low risk of scarring  
e. Nodulocystic acne and significant risk of scarring

**ANSWER:** E
ACNE (cont’d)

This 15-year-old girl (see photo) has numerous comedones and few papules on her forehead and temples. She has no scarring. Of the following, the MOST appropriate initial treatment strategy is:

a. Oral Isotretinoin
b. Oral Minocycline
c. Oral Spironolactone
d. Topical antibiotic
e. Topical retinoid

ANSWER: E
A 15-year-old female requests treatment for her acne (see photo). She has used a nonprescription medication containing benzoyl peroxide without significant benefit. Physical examination reveals inflammatory lesions and open and closed comedones on the face, and inflammatory lesions on the chest and back; there is no scarring. She has no known allergies to medications. Of the following, what is the MOST appropriate treatment to start next for her moderate inflammatory acne:

a. Topical benzoyl peroxide and topical tretinoin
b. Topical clindamycin
c. Topical clindamycin and benzoyl peroxide
d. Topical tretinoin and oral doxycycline

ANSWER: E
ROSACEA

Which of the following diagnoses BEST describes the patient in the photo?

a. Erythematotelangietatic Rosacea
b. Papulopustular Rosacea
c. Phymatous Rosacea
d. Ocular Rosacea

ANSWER: B
A 45-year-old female presents with erythematous papules and pustules on her cheeks and nose for several years (see photo). Her facial redness is worse with exercise and heat. The most appropriate next step is:

a. Clobetasol cream twice daily
b. Ketoconazole cream twice daily
c. **Metronidazole cream twice daily**
d. Moisturizers 2-3 times daily

**ANSWER:** C
BENIGN SKIN LESIONS

A 42-year-old man comes to your office with a “red mole” on his abdomen, which he first noticed a few months ago. It started bleeding when he bumped up against a desk, and he believes the lesion is darker than before. Based on the image, what is the most likely diagnosis?

a. Angioma
b. Basal cell carcinoma
c. Dermatofibroma
d. Melanoma
e. Nevus

ANSWER: A
BENIGN SKIN LESIONS (cont’d)

A 72-year-old male presents with a pruritic lesion on his back that sometimes bleeds after picking at it. The most likely diagnosis is a/an:

a. Actinic keratosis
b. Basal cell carcinoma
c. Flat wart
d. Melanoma
e. Seborrheic keratosis

ANSWER: E
A 32-year-old female presents with an asymptomatic papule on her leg that she noted following an insect bite (see photo). It dimples on either side when squeezed. What is the most likely diagnosis?

a. Benign melanocytic nevus  

b. **Dermatofibroma**  
c. Epidermal inclusion cyst  
d. Keloid  
e. Seborrheic keratosis  

**ANSWER:** B
BENIGN SKIN LESIONS (cont’d)

A 38-year-old African American man presents with two years of verrucous papules on his penis. He has tried podophyllin cream and imiquimod cream without any benefit. He would like these warts treated and asks you to freeze them with liquid nitrogen. You know this is effective but warn him about which of the following likely long-term side effects of cryotherapy?

a. Anorgasmia
b. Balanitis xerotica obliterans
c. Hematospermia
d. Hypopigmentation
e. Pain

ANSWER: D
BENIGN SKIN LESIONS (cont’d)

A 62-year-old man presents to clinic concerned about “ugly brown spots” on his forearms, hands, and face that keep increasing in number. Based on the image, what is the biggest risk factor for this condition?

a. Chronic liver disease  
b. Chronic renal failure  
c. Diabetes  
d. HIV infection  
e. Sun exposure

ANSWER: E
PSORIASIS

A patient presents for evaluation of a pruritic, flaky scalp. He had tried dandruff shampoos with no improvement. You perform a total body skin examination. Examination of the scalp shows scaly erythematous plaques with no hair loss. Examination of the fingernail plate reveals pitting. Exam of the gluteal cleft also reveals an erythematous plaque. The MOST likely diagnosis is:

a. Allergic contact dermatitis  
b. Atopic dermatitis  
c. Cutaneous T-Cell lymphoma  
d. Psoriasis  
e. Seborrheic dermatitis

ANSWER: D

Which of the following is contraindicated in the treatment of plaque psoriasis?

a. Calcineurin inhibitors (e.g. pimecrolimus cream)  
b. Ultraviolet light therapy  
c. Methotrexate  
d. Tumor necrosis factor inhibitor (e.g. adalimumab)  
e. Oral steroids

ANSWER: E
The condition seen in this photo is most likely associated with which of the following?

a. Anemia  
b. Elevated rheumatoid factor  
c. Hyperthyroidism  
d. Polyarticular arthralgias  
e. Positive rapid plasma regain test

ANSWER: D

Ms. Davis is a 19-year-old woman who was recently admitted to the hospital with an asthma exacerbation, for which she was given oral steroids. She also has a diagnosis of psoriasis, which has been stable on phototherapy. However, her psoriasis is now spreading and includes multiple pustules over her trunk and extremities. Her prednisone burst is finished and she is on her home inhaler regimen. What is the next best step in her care?

a. Consult the dermatology service  
b. Prescribe a systemic antibiotic  
c. Refer the patient to an outpatient psoriasis care center  
d. Start the patient back on oral steroids

ANSWER: A
WARTS

A 17-year-old female has been treating the lesions on her hand (see photo) with pumice stone for presumed callosities for one year. She is embarrassed by the appearance of her hands and the lesions are spreading. Which of the following treatments is the MOST appropriate at this time?

a. Cryotherapy with liquid nitrogen
b. Intralesional triamcinolone acetonide
c. Surgical excision
d. Topical calcineurin inhibitor
e. Topical retinoid

ANSWER: A
What is the most likely diagnosis based on the image?

a. Actinic keratosis  
**b. Basal cell carcinoma**  
c. Malignant melanoma  
d. Seborrheic keratosis  
e. Squamous cell carcinoma

**ANSWER: B**
A 54-year-old man presents to dermatology clinic with a 1 cm pink plaque on his right cheek. Based on the image, which of the following is the best next course of action?

a. Perform a shave biopsy
b. Prescribe topical steroids
c. Reassurance only
d. Refer for radiation therapy
e. Surgical excision with 1 cm margins

ANSWER: A
Which of the following is the best approach to this patient with biopsy confirmed basal cell carcinoma (see photo)?

a. Liquid nitrogen cryosurgery
b. Prescribe topical 5-fluorouracil
c. Reassurance only
d. Refer to a dermatologist for treatment
e. Refer to medical oncologist for treatment

ANSWER: D
ACTINIC KERATOSES

The erythematous scaly papules on the dorsum of both hands in this photo are most likely:

a. Actinic keratoses  
b. Cherry angiomas  
c. Melanocytic nevi  
d. Seborrheic keratoses  
e. Solar lentigines

ANSWER: A

Your patient has multiple (> 30) actinic keratosis on the forehead. What treatment would you recommend?

a. Liquid nitrogen cryotherapy  
b. Shave excision  
c. Topical acyclovir  
d. Topical mupirocin  
ed. Topical 5-fluorouracil

ANSWER: E
Based on this image, what is the most likely diagnosis?

a. Actinic keratosis  
b. Furuncle  
c. Malignant melanoma  
d. Seborrheic keratosis  
e. Squamous cell carcinoma  

ANSWER: E
MELANOMA

A 54-year-old man presents with a lesion on his back that has been changing over the past six months. Physical exam shows an asymmetric 8 mm papule with several colors (light brown, reddish brown, dark brown, black, and light spot in center) and irregular borders (see photos). Which of the following is the best next step?

a. Liquid nitrogen cryotherapy  
b. Reassurance and observation  
c. Refer to dermatology for biopsy  
d. Routine referral for radiation therapy  
e. Topical imiquimod cream

ANSWER: C

What is the most important prognostic indicator in malignant melanoma?

a. Depth of invasion  
b. Diameter of the lesion  
c. Number of mitoses present on histology  
d. Positive staining with S-100  
e. Presence of ulceration

ANSWER: A
Which of the following would be the most appropriate diagnostic test for this patient (see photo)?

a. KOH preparation  
b. Scabies preparation  
c. Shave biopsy  
d. Swab bacterial culture  
e. Tzanck smear

ANSWER: A
A 26-year-old male presents with two years of white spots on his neck, upper chest, and back, that are more noticeable in the spring and summer months and get better in winter (see photo). You perform a diagnostic test in the office that confirms your clinical diagnosis. What treatment would you recommend?

a. Desonide cream  
**b. Ketoconazole shampoo**  
c. Pimecrolimus cream  
d. Oral prednisone  
e. Ultraviolet light therapy

**ANSWER: B**
Based on the image, what is the MOST likely diagnosis?

- a. Atopic dermatitis
- b. Cellulitis
- c. Psoriasis
- d. Stasis dermatitis
- e. Tinea pedis

ANSWER: E
ADULT FUNGAL INFECTIONS (cont’d)

The following is seen under the microscope. What are the findings?

a. Budding yeast forms, no hyphae
b. Mites, eggs, and scybala
c. Multinucleated giant cells
d. Negative preparation
e. Septate branching hyphae

ANSWER: E
ADULT FUNGAL INFECTIONS (cont’d)

This 43-year-old woman presents with several years of erythema and greasy scale on her central face, including the glabella, eyebrows, and nasolabial folds. The most appropriate next step is:

a. Avoidance of spicy foods, alcohol, or hot liquids  
b. Clobetasol cream twice daily  
**c. Desonide cream twice daily**  
d. Moisturizers 2-3 times daily  
e. Topical retinoid cream

**ANSWER: C**
BACTERIAL SKIN INFECTIONS

What is the best treatment for the patient presenting with this fluctuant, erythematous nodule (see photo)?

   a. Incision and drainage
   b. Oral cephalexin
   c. Topical desonide
   d. Topical mupirocin ointment
   e. Warm compress

ANSWER: A
Based on the morphologic features of this photo, what is the most likely diagnosis?

- a. Candida
- b. Cellulitis
- c. Herpes simplex
- d. Impetigo
- e. Peri-oral dermatitis

**ANSWER:** D
STASIS DERMATITIS, LEG ULCERS

Based on the morphologic features of the photo, what is the MOST likely diagnosis?

a. Asteatotic dermatitis  
b. Bilateral cellulitis  
c. Necrotizing fasciitis  
d. Vasculitis  
e. Stasis dermatitis

ANSWER: E
Which of the following treatments would you recommend for this patient in addition to compression (see photo)?

a. Apply hydrogen peroxide
b. **Topical corticosteroids**
c. Oral antibiotics
d. Oral antifungal
e. Topical antibiotic ointment

**ANSWER:** B
Mr. Johnson is a 54-year-old man who presents to your primary care clinic with a lesion on his left foot (see photo). Which of the following would you expect to be abnormal on the physical exam?

a. Blood pressure  
b. Deep tendon reflexes  
c. Dorsalis pedis pulses  
d. Sensation to light touch

ANSWER: D
STASIS DERMATITIS, LEG ULCERS (cont’d)

A 65-year-old man with a history of hypertension and hyperlipidemia presents with an ulcerated lesion on his right lateral leg for several weeks. He occasionally has cramping in his calf when walking. His dorsalis pedis and posterior tibial pulses are not palpable. The ulceration cannot be undermined, and his ankle-brachial index is 0.6 (normal is > 0.8). What of the following treatment recommendations is the most important?

a. Control hypertension
b. Control serum potassium levels
c. Encourage cardiovascular exercise
d. Prescribe topical antibiotic such as neomycin
e. Refer to a vascular surgeon

ANSWER: E
INFESTATIONS AND BITES

This organism (see photo) was combed from the hair of a 6-year-old girl. Which of the following treatment recommendations would you recommend?

a. 1% permethrin lotion, apply to clean, dry hair for 10 minutes, re-treat in 4 weeks
b. 1% permethrin lotion, apply to wet hair for 10 minutes, re-treat in 4 weeks
c. 1% permethrin lotion, apply to clean, dry hair for 10 minutes, re-treat in 1 week
d. 1% permethrin lotion, apply to wet hair for 10 minutes, re-treat in 1 week

ANSWER: C
A 67-year-old patient with a past medical history significant for a fractured hip 6 months ago presents with 2 months of severe pruritus beginning one week after discharge from a long-term care facility. On exam there are numerous excoriated papules on the trunk. Which of the following is most likely to confirm the diagnosis in this patient?

a. Bacterial culture  
b. Skin biopsy  
c. Skin scraping  
d. Viral culture  
e. KOH preparation

ANSWER: C
A 22-year-old woman with painful menstrual cramps began taking an NSAID for the pain. She developed a red, round, edematous plaque with central bulla on the leg (see photo) twice in the last few months in the same location. Which of the following drug reactions is the most likely diagnosis?

a. Drug-induced hypersensitivity syndrome  
b. Exanthematous drug eruption  
c. **Fixed drug eruption**  
d. Stevens-Johnson Syndrome  
e. Vasculitis  

ANSWER: C
A previously healthy 16-year-old female developed a diffuse red papular eruption 3 weeks after starting phenytoin for management of a seizure disorder. Skin lesions became confluent and were associated with anasarca, recurrent high fevers, arthralgias, myalgias, decreased urine output, and proteinuria. Laboratory studies revealed a leukocytosis with dramatic eosinophilia, and elevated liver enzymes. Based on the history and clinical findings, which of the following drug reactions do you suspect?

a. Drug-Induced Hypersensitivity Syndrome
b. Fixed Drug Eruption
c. Stevens-Johnson Syndrome
d. Toxic epidermal necrolysis
e. Vasculitis

ANSWER: A
A 32-year-old woman presents to the emergency room with a painful rash covering 75% of her body surface area, which began 2 weeks after starting TMP/SMX for a urinary tract infection. The lesions began as bullae with a dusky erythematous base that erode to reveal a glistening base of dermis (see photo). Based on the history and description of the skin exam, what is the most likely diagnosis?

a. Disseminated herpes zoster
b. Drug-induced hypersensitivity syndrome
c. Exanthematous drug eruption
d. Fixed drug eruption
e. Toxic epidermal necrolysis

ANSWER: E
Ms. Sanders is a 30-year-old woman who presented to the emergency room with a diffuse pruritic rash that began on her trunk and spread peripherally. The rash started 10 days after she began taking oral amoxicillin for streptococcal pharyngitis. There are no mucosal lesions or systemic symptoms. Based on the history and photo, what is the most likely diagnosis?

a. Disseminated zoster  
b. Drug-induced hypersensitivity syndrome  
**c. Exanthematous drug eruption**  
d. Fixed drug eruption  
e. Stevens Johnson Syndrome

ANSWER: C
A 10-month-old infant has a 4-month history of a pruritic, relapsing skin eruption as shown in this photograph and severe “cradle cap”. Erythematous scaly plaques appear over the elbows and knees. The diaper area is spared. Of the following, the MOST likely explanation for these findings is:

a. Atopic dermatitis  
b. Allergic contact dermatitis  
c. Psoriasis  
d. Seborrheic dermatitis  
e. Tinea corporis

ANSWER: A
A 6-year-old girl presents with lichenified erythematous plaques behind the knees (see photo). She has a daily bath and is using a petrolatum-based emollient twice a day. What is the most appropriate next step in management?

a. Decrease frequency of bathing
b. Increase frequency of emollient application
c. Prescribe mupirocin ointment, topical, bid
d. Prescribe hydrocortisone 1% cream, topical, bid
e. Prescribe triamcinolone ointment 0.1%, topical, bid

ANSWER: E
A 15-year-old teen presents to clinic with a week of urticaria that have appeared on his neck, chest, abdomen, back, and proximal extremities (see photo). They are very pruritic, and each lesion is raised but goes down within about a day. He is having trouble sleeping at night due to the pruritus. Which of the following medications would you recommend to control his itch?

a. Calamine lotion  
b. Fexofenadine  
c. **Hydroxyzine**  
d. Ranitidine  
e. Subcutaneous epinephrine

**ANSWER:** C
URTICARIA (cont’d)

A 32-year-old man presents to clinic with 4 weeks of “hives” that have appeared on his trunk, proximal extremities, and face. (see photo) They are very itchy, and each lesion subsides within about a day. What is the next best step in management?

- a. Order a urinary toxicology screen
- b. Order skin prick testing
- c. Order patch testing
- d. Order a CBC and blood cultures
- e. Testing is not necessary at this time

ANSWER: E
BLISTERS

The patient in this photo has a dermatomal grouping of vesicles on an erythematous base, on his trunk. What is the most likely diagnosis?

a. Allergic contact dermatitis
b. Fixed drug eruption
c. Atopic dermatitis
d. Herpes simplex type 2
e. Herpes zoster

ANSWER: E
BLISTERS (cont’d)

A 30-year-old man with HIV presents to you with 4 days of pain followed by 3 days of blisters on his left trunk (see photo). Which of the following is the best description of the pattern of the vesicles?

a. Linear  
b. Intertriginous  
c. Dermatomal  
d. Arcuate  
e. Acral

ANSWER: C

You diagnose a 33-year-old woman who is 36 weeks pregnant with genital herpes simplex. Which of the following would you prescribe?

a. Oral acyclovir  
b. Oral famciclovir  
c. Oral oseltamavir  
d. Oral zanamivir  
e. Topical acyclovir

ANSWER: A
CONTACT DERMATITIS

For which of the following diagnoses is patch testing most useful?

- a. Atopic dermatitis
- b. **Contact dermatitis**
- c. Erythema nodosum
- d. Psoriasis
- e. Scabies

**ANSWER:** B

You see a 7-year-old female for a severely pruritic rash around her eyes and nose (see photo). She had recently started wearing new glasses. What is the most likely diagnosis?

- a. **Allergic contact dermatitis**
- b. Atopic dermatitis
- c. Irritant contact dermatitis
- d. Scabies
- e. Seborrheic dermatitis

**ANSWER:** A
CONTACT DERMATITIS (cont’d)

A 55-year-old female presents with dry, fissured palms and fingers after starting a new career as a housekeeper. She is patch tested and found to be allergic to soap she has been using at work. What immediate treatment would you recommend for her symptoms?

a. Oral antibiotic  
b. Oral antifungal  
c. Oral corticosteroid  
d. Topical antifungal  
 e. **Topical corticosteroid**

**ANSWER:** E

A 12-year-old male presents to you with scaly, erythematous, pruritic plaques after exposure to a new detergent. Despite avoiding the detergent and the application of Triamcinolone ointment twice daily, he continues to have pruritic plaques covering 15% body surface area. The most appropriate next step is:

a. Order a CBC and eosinophil level  
b. Order a RAST test  
c. Order an IgE level  
d. Punch biopsy of a plaque  
 e. **Refer to a dermatologist**

**ANSWER:** E
A 25-year-old male presents to clinic with a 4-day history of a rash over his abdomen, back, and chest. His exam shows oval, salmon-colored patches with scale (see photo). One slightly larger similar lesion had appeared on his arm one week ago. What is the most likely diagnosis?

a. Guttate psoriasis  
b. Nummular eczema  
c. Pityriasis rosea  
d. Secondary syphilis  
e. Tinea corporis  

ANSWER: C

What is the appropriate initial management for most patients demonstrating symptoms with pityriasis rosea?

a. Topical corticosteroids immediately  
b. Order a CBC  
c. Reassurance. The disease is self-limiting  
d. Clotrimazole cream twice daily  
e. Oral prednisone for 7 days  

ANSWER: C
A 40-year-old weight lifter presents to you with a 5-day history of a red, scaly rash (see photo). Which of the following is the most appropriate next step?

- a. Perform a KOH test
- b. Perform a punch biopsy of a lesion
- c. Prescribe a topical corticosteroid
- d. Prescribe an antifungal
- e. Reassure the patient

ANSWER: A
MOLLUSCUM CONTAGIOSUM

A 4-year-old boy presents to clinic with multiple flesh-colored, dome-shaped papules with central umbilication (see photo). What is the most likely diagnosis?

a. Seborrheic dermatitis  
b. Milia  
c. Acne vulgaris  
d. Verruca vulgaris  
e. Molluscum contagiosum

ANSWER: E

You diagnose a healthy 5-year-old boy with molluscum contagiosum (multiple, but not widespread). Which of the following treatments would you recommend?

a. Emollient  
b. Oral antiviral  
c. Oral corticosteroid  
d. Reassurance  
e. Topical corticosteroid

ANSWER: D
MOLLUSCUM CONTAGIOSUM  (cont’d)

You diagnose a 22-year-old female with molluscum contagiosum of the inner thigh. Which of the following history items is most important to ask?

a. Occupational history  
**b. Sexual history**  
c. Smoking history  
d. Travel history  
e. Vaccination history  

ANSWER: B

For which case would you refer a patient with molluscum contagiosum to a dermatologist?

a. Patient has a coexisting genital infection  
**b. Patient has HIV**  
c. Patient is a child  
d. Patient is elderly  
e. Patient is sexually active  

ANSWER: B

PETECHIAE, PURPURA, VASCULITIS

A 17-year-old female presents with red-purple macules on her wrists and ankles. Which of the following is the most characteristic finding associated with purpura?

a. Appearing on the wrists and ankles  
b. Intensely pruritic  
c. Macules coalescing into patches  
**d. Non-blanching with pressure**  
e. Prone to bleeding  

ANSWER: D
PETECHIAE, PURPURA, VASCULITIS (cont’d)

Which of the following best describes the skin findings observed in Henoch–Schönlein purpura?

a. Blanching, erythematous patches on the legs and feet
b. Erythematous, edematous papules on the lower extremities
c. Hyperpigmented patches on the trunk
d. Non-blanching confluent macules on the arms
e. Non-blanching, erythematous macules and papules on the legs and buttocks

ANSWER: E

VIRAL EXANTHEMS

Which of the following diagnoses causes a morbilliform rash?

a. Disseminated herpes zoster
b. Leukocytoclastic vasculitis
c. Psoriasis
d. Rubella
e. Tinea corporis

ANSWER: D

A 38-year-old woman presents to your office with her son. She reports joint pain and a “lace-like” rash on her chest and extremities. Her son has a similar rash, most pronounced on the face and arms (see image). Which of the following is the most likely diagnosis?

a. Drug Eruption
b. Erythema Infectiosum
c. Measles
d. Roseola
e. Rubella

ANSWER: B
EVALUATION OF PIGMENTED LESIONS

A 33-year-old man presents with a mole on his face that has been there for as long as he can remember. Based on the image, which of the following is the most likely diagnosis?

a. Benign acquired nevus
b. Benign congenital nevus
c. Dermatofibroma
d. Lentigine
e. Melanoma

ANSWER: B

Your patient is a 29-year-old surfer who complains of a few “ugly moles” on his shoulders. He has always had freckles there, but the moles are relatively new. You observe five nevi scattered across his left and right shoulders, which you would describe as variegated brown papules, ranging from 4 to 8 mm in diameter, with irregular borders (see photo). Aside from the slight discrepancy in size, the lesions are otherwise very similar. A representative lesion is shown below. What is the most likely diagnosis for these five lesions?

a. Atypical melanocytic nevi
b. Congenital melanocytic nevi
c. Lentigo maligna melanoma
d. Solar lentigines
e. Superficial spreading melanoma

ANSWER: A
SUN SAFETY: FOUND IN BCC / MELANOMA / AK&SCC / EVALUATION OF PIGMENTED LESIONS

Your patient is a 16-year-old female who would like more information about sun protection. She prefers to maintain a tan complexion. What patient education would you provide?

b. Seek shade, especially during 10AM-4PM, when the sun's rays are the strongest
c. Use extra caution around water, snow, and sand
d. Use a broad-spectrum sunscreen with an SPF of 30 or more
e. All the answer choices are correct

ANSWER: E